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| Special Instructions to Filing Officer: | |
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S. WARREN SEP 1 5 2017

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: TUTED UACHOUAL | PHYSICAL THERAPY TROUP. |
| Name | of Limited Liability Company |
| | |
| | |
| The enclosed Articles of Amendment and fee(s) a | re submitted for filing. |
| Please return all correspondence concerning this n | natter to the following: |
| | |
| | |
| MAHOT | REJES DURANGO CELES |
| 201131. | Name of Person |
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| コアスエ | |
| | Firm/Company |
| | |
| 201 1 | BONNIE BLUD (INT. 210) |
| | Address |
| | |
| Daire | SPRINGS, FL. 33467. |
| | City/State and Zip Code |
| | |
| FISIOTERA | PIAENHOUIMIENTOIC 9 mail Com. ress: (to be used for future annual report notification) |
| E-mail add | iress: (to be used for future annual report notification) |
| For further information concerning this matter, ple | ase call: |
| | |
| PAULA DURANGO | #(373) 293·2327 |
| Name of Person | at (773) 297 - 2327 Area Code Daytime Telephone Number |
| | , , |
| | |
| Enclosed is a check for the following amount: | |
| | Bess on Fill B |
| △ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Sta | |
| Commodic of the | (additional copy is enclosed) Certified Copy |
| | (additional copy is enclosed) |
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| MAILING ADDDDGG | CTD CTT/COLINIAD + DADECC |
| MAILING ADDRESS: Registration Section | STREET/COURIER ADDRESS: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INTERNACIONAL | PHYSICAL THERAPY GROUP L.L.C. |
|--|---|
| (Name of the Limit | ted Linbility Company as it now appears on our records.) [(A Florida Limited Liability Company) |
| | |
| The Articles of Organization for this Limited L | ability Company were filed on <u>AUE 09 2013</u> and assigned |
| Florida document number 1 7 30007 3 | 5194 |
| This amendment is submitted to amend the following | owing: |
| A. If amending name, enter the new name o | If the limited liability company here: |
| | YSICAL THERAPY EROUP. L.LG. |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| | |
| Enter new principal offices address, if applic | 1 |
| Principal office address MUST BE A STREE | ET ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE | BOX) |
| | |
| | |
| 3. If amending the registered agent and | /or registered office address on our records, <u>enter the name of the new</u> |
| egistered agent and/or the new registered o | ffice address here: |
| | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , Florida |
| New Registered Agent's Signature, if changing F | • |
| | |
| | d agent and agree to act in this capacity. I further agree to comply with the |
| | er and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is |
| | registered office address, I hereby confirm that the limited limitality |
| company has been notified in writing of this | |
| | |
| | SSE S |
| | If Changing Registered Agent, Signature of New Registered Agent |

Page 1 of 3

| If amending Authorized Person(s) authorized or removed from our records: | | d to manage, enter the title, name, and address of each person being added | |
|--|------------------------------|--|-----------------------------------|
| MGR = N AMBR = A | Aanager Authorized Member | er rized Member | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| amending any other information, e | nter c | nange(s) here: (Attach additional sheets, if | necessary.) |
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| fective date, if other than the date o | gjilit to | g:((| optional) |
| | es not r | cannot be prior to date of filing or more than 90 days neet the applicable statutory filing requirements tate's records. | |
| record specifies a delayed effec The 90th day after the record is | | ate, but not an effective time, at 12:0 | 01 a.m. on the earlier |
| ted AUE-15-2017 | | · | <i>5€.</i> → |
| JOH | إلى | R6461 | 7 SE |
| ~JUIV | | nember or authorized representative of a member | Six T |
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| Signati | 2 3 C | DURANGO | 그 유 그 그 |
| Signati | 236 | DUNANGO Typed or printed name of signee | PM 3: 20 PM 3: 20 FOR STATE EE, FLORIDA |